

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/914765</b>	FILING DATE				
						APPLICANT(S) <i>Christensen</i>					
<b>9/27/04 CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
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TOTAL CLAIMS			44		43		TOTAL CLAIMS				